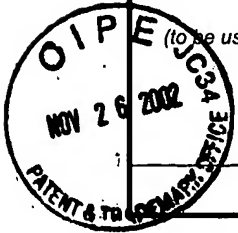


# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Application Number	10/059,263
Filing Dat	1/31/2002
First Nam d Inventor	Satoru ONO
Group Art Unit	1756
Examiner Name	
Attorney Docket Number	26FT-005

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">Statement under 37 CFR 3.73(b)</div>
Remarks		<div style="border: 1px solid black; padding: 2px;">           NOV 27 2002            TC 1700 MAIL ROOM         </div>

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Offices of David G. Posz
Signature	
Date	November 26, 2002

## CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand delivered to and deposited with the Office of Initial Patent Examination at the United States Patent Office on the date indicated below and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231

Type or printed name	David G. Posz		
Signature		Date	November 26, 2002